

## INITIAL DETERMINATION

### Title IV-E and Medicaid Benefits for Foster Child

#### Child in Custody Information

Name of Child (last, first, middle)	Social Security #	Date of Birth	Client #
Current Placement Address (street, city, state, zip)		County	Telephone #

#### Section I: NON-AFDC Requirements – DCFS e-Rep SAFE Retrieval – DJJS Manual e-Rep Entry

##### Part A: Initial IV-E Non AFDC Requirements

1. **Custody:** Has the child been removed from home and placed in the custody of the State or a tribal organization by a court order, voluntary placement agreement, or voluntary relinquishment?

☐ Yes Go to section I, part A, question 2.

☐ No STOP. Child cannot be eligible for IV-E or FC Medicaid until the State obtains custody of the child and removal from the home has occurred. Go to section I, part D.

##### 2. Court Order Requirements

**Date of Petition** (eligibility month) \_\_\_\_\_

- a. If the child was removed from home by a court order, did the initial court order or warrant that sanctions (even temporarily) the removal of the child from home contain the required contrary to welfare/best interest language?

☐ Yes Date of court order or warrant \_\_\_\_\_ Go to question 2d.

☐ No STOP. Child is not eligible for IV-E. Go to section I, part D.

☐ NA Child placed through voluntary placement. Go to question 2b.

☐ NA Child entered care as a result of up-front voluntary relinquishment. Go to question 2c.

- b. If the child was removed from the home through a Voluntary Placement Agreement, is there a court order within 180 days of the agreement with the required contrary to welfare/best interest language?

**Date of signed Voluntary Placement Agreement** (eligibility month) \_\_\_\_\_

☐ Yes Go to question 2d.

☐ No Child can only be eligible/reimbursable for the first 180 days unless a court order is obtained by the 181<sup>st</sup> day of the signed Agreement with the required legal language. Go to question 2d.

☐ NA 180 days have not elapsed from date of agreement. Set alert for 180-day review. Go to question 2d.

- c. If the child entered care as a result of an up-front voluntary relinquishment, is there a court order within six months of entry into care with the required contrary to welfare/best interest language (not merely sanctioning the relinquishment)?

**Date of relinquishment** (eligibility month) \_\_\_\_\_

\_\_\_ Yes Go to question 2d.

\_\_\_ No Child cannot be eligible unless a court order with the required legal language is obtained within six months of the removal date. Go to section I, part D.

\_\_\_ NA Six months have not elapsed from the removal date. Set alert for six-month review. Go to question 2d.

- d. If the child entered care by a court order, did the initial court order, or a subsequent court order within 60 days of removal, meet the reasonable efforts requirement? *(This is not required for a child entering care due to voluntary placement agreement or up-front voluntary relinquishment of parental rights.)*

\_\_\_ Yes Provide Court Order Date \_\_\_\_\_ Go to section I, part A, question 3.

\_\_\_ No Child cannot be IV-E eligible for this custody episode. Go Section I, part D.

\_\_\_ NA Child placed by voluntary placement or voluntary relinquishment. Go to section I, part A. question 3.

**3. Removal:** Was the removal requirement met?

\_\_\_ Yes \_\_\_\_\_ Physical removal

\_\_\_\_\_ Constructive Removal

\_\_\_\_\_ Child living with a non parent caretaker relative

\_\_\_\_\_ Child placed with same non parent caretaker relative

\_\_\_\_\_ Non-parent caretaker relative became licenses as a foster parent

Parent or other guardian relative child lived with within 6 months of entry into custody:

\_\_\_\_\_  
Go to section I, part A, question 4.

\_\_\_ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to section I, part D.

**4. Removal Home:** Was the person from whom the court took custody, who voluntarily placed the child, or who relinquished parental rights a caretaker relative?

\_\_\_ Yes Name of Relative \_\_\_\_\_ Relationship \_\_\_\_\_

This is the removal home in determining the AFDC group. Go to section I, part A, question 5.

\_\_\_ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to section I, part D.

5. **Living With Caretaker Relative:** Did the child live with the caretaker relative listed in question 4 above during the eligibility month or within 6 months prior to the eligibility month?

- ☐ Yes Date last lived with \_\_\_\_\_  
**If all the above requirements are met, the child meets the Initial IV-E requirements for this custody episode. Go to section I, part B.**
- ☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to section I, part D.

**Part B: IV-E Eligibility Placement Requirements**

1. **Runaway:** Is the child a runaway from foster care (and still in State custody)?

- ☐ Yes Provide runaway date: \_\_\_\_\_  
Go to section I, part B, question 2.
- ☐ No Go to section I, part B, question 2.

2. **Background Screening Requirement:** Was the current foster home or any other foster home since entering agency care licensed on or after April 1, 2007?

- ☐ Yes Has a fingerprint based FBI national criminal history record check been completed for any foster home licensed after April 1, 2007 **AND** If any foster parent or adult in the home has lived outside of Utah in the five years prior to the date of application to become a foster parent, has a child abuse and neglect registry check been completed for each state in which they resided?
- ☐ Yes Go to section I, part B, question 3.
- ☐ No Any foster home for which these requirements have not been met does not meet the eligibility placement requirements. Child is not IV-E Eligible while in this placement. Go to section I, part B, question 3.
- ☐ No Go to section I part B, question 3
- ☐ NA Placement is a residential facility. Go to section I, part B, question 3

3. **Foster Care Placement:** Is the child's current placement or any other placement since entering agency care a non-kin foster home, a group home or residential facility, including a public facility with 25 beds or less?

- ☐ Yes Provide date(s) child placed in a foster home, group home or residential facility:  
\_\_\_\_\_
- Is the foster home, group home or residential facility fully licensed?
- ☐ Yes Go to section I, part B, question 5.
- ☐ No Child's IV-E eligibility cannot continue until child is placed in a licensed, qualified placement. Go to section I, part D.
- ☐ No Go to section I, part B, question 4.

**4. Kinship Placement”** Is the child’s current placement or any other placements since entering agency care a kin home and kin are in the process of being licensed?

- ☐ Yes Provide date(s) child placed in kin home: \_\_\_\_\_  
Go to section I, part B, question 5.
- ☐ No Child’s IV-E eligibility cannot continue until child is placed in a qualified placement. Go to section I, part D.

**5. Court Ordered Placement:** If the child entered care by a court order, was the child ordered into a specific placement?

- ☐ Yes Child is not IV-E eligible until judge gives authority to the Division to determine placement of the child. Go to section I, part D.
- ☐ No Go to section I, part C.

**Part C: IV-E Reimbursability Determination**

**1. Runaway:** Is the child a runaway from foster care (and still in State custody)?

- ☐ Yes Child is not IV-E reimbursable for runaway period. IV-E eligibility continues as long as State custody is not terminated and other eligibility criteria are met. Go to section I, part D.
- ☐ No Go to section I, part C, question 2.

**2. SSI Eligibility:** Is the child receiving SSI while in custody?

- ☐ Yes Child will generally not be made IV-E reimbursable, although it is allowable, because SSI will be reduced by amount of the IV-E payment. Cases must be reviewed carefully (based on child’s best interest/placement costs) before making the child IV-E reimbursable. Go to section I, part D.
- ☐ No Go to section I, part C, question 3.

**3. Kinship Placement :** Is the child’s current kin home placement or any other kin home placements since entering agency care fully licensed (not initial probationary license)?

- ☐ Yes Child is reimbursable. Go to section I, part D.
- ☐ No Child is not IV-E reimbursable for period while kin home is becoming fully licensed. IV-E eligibility continues. Go to section I, part D.
- ☐ NA Child’s placement is foster home, group home or residential facility and all other criteria has been met. Child is reimbursable. Go to section I, part D.

**Part D: Non-AFDC Result Determination**

**1.** Initial IV-E Non-AFDC requirements are met for this custody episode. (section I, *part A, questiosn 1-5*)

- ☐ Yes Go to section I, part D, question 2.
- ☐ No Initial Non AFDC result is “No” Go to section II.

2. IV-E Placement Requirements are met. (*section I, part B, questions 1-5*)

\_\_\_\_\_ Yes

\_\_\_\_\_ All months \_\_\_\_\_ Specific months (list) \_\_\_\_\_

\_\_\_\_\_ No Placement requirements have not been met at this time

Go to section I, part D, question 3.

3. IV-E Reimbursability Requirements are met. (*section I, part C, questions 1-3*)

\_\_\_\_\_ Yes

\_\_\_\_\_ All months \_\_\_\_\_ Specific months (list) \_\_\_\_\_

\_\_\_\_\_ No Child is not currently reimbursable. Reason \_\_\_\_\_

Go to section I, part D, question 4.

4. e-Rep Non AFDC IV-E factors are “Yes” for all month when 1,2 and 3 are “Yes”

\_\_\_\_\_ Yes

\_\_\_\_\_ All months \_\_\_\_\_ Specific months (list) \_\_\_\_\_

\_\_\_\_\_ No Non AFDC IV-E factors are not met for any months

**\*\* e-Rep “Non AFDC IV-E factors met” result is “Yes” for months where requirements 1, 2 and 3 are “Yes”. Go to Section II.**

**Section II: AFDC Requirement – e-Rep Entry**

**Part A: Citizenship** Is the child a U.S. citizen or a qualified alien admitted for permanent residence?

\_\_\_ Yes Go to section II, part B.  
Citizenship Verification \_\_\_\_\_

\_\_\_ No STOP. Child is not eligible for IV-E or Medicaid. Go to section IV.

**Part B: Age** Is the child under age 18, or age 18 and expected to complete high school or technical training before the age of 19? *NOTE: If age 18, eligibility ends at graduation or when full-time schooling is discontinued for Title IV-E. Eligibility for FC Medicaid NB+ ends at age 19.*

\_\_\_ Yes Go to section II, part C.

\_\_\_ No Child is not eligible for IV-E. For Foster Care Medicaid, child can qualify until age 19 if meeting NB+ criteria. If under age 19, go to Section III. If 19 or over, go to Section IV.

**Part C: Caretaker Relative** Is the person listed in section I, part A, question 4 a caretaker relative?

\_\_\_ Yes List relationship \_\_\_\_\_ Go to section II, part D.

\_\_\_ No Go to section II, part G.

**Part D: Deprivation** Is the child deprived of support of one or both parents due to continued absence from the removal home, incapacitation, or unemployment/underemployment of the principal wage earner?

- ☐ Yes Provide explanation \_\_\_\_\_ Go to section II, part E.
- ☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Section III.

**Part E: Assets** Complete the Income and Asset Worksheet and answer the following questions.

What are the countable assets of the AFDC group? \$ \_\_\_\_\_

Are the assets of the AFDC group less than \$10,000?

- ☐ Yes Go to section II part F.
- ☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to Section III.

**Part F: Earned and Unearned Income** Complete the Income and Asset Worksheet and answer the following questions.

What is the total countable monthly earned and unearned income of the AFDC group (including deemed stepparent income)? \$ \_\_\_\_\_

Is the total countable income less than the 185% Need Standard for the AFDC group size?

- ☐ Yes If yes, is the adjusted income less than the 100% Need Standard for the AFDC group size?
- ☐ Yes Child meets initial IV-E eligibility requirements. Go to section II, part G.
- ☐ No Child is not IV-E eligible but may be eligible for FC Medicaid. Go to section III.
- ☐ No Child is not IV-E eligible but may be eligible for FC Medicaid.  
Go to section III.

**Part G: AFDC Determination Result – Result is displayed in the decision on e-Rep program home**

**A. All requirements in questions A-F are met.**

- ☐ Yes Child meets the AFDC requirements for IV-E eligibility for this custody episode. AFDC result in e-Rep is “Yes”. Go to section III.
- ☐ No Child does not meet the AFDC requirements and is not IV-E eligible but may be eligible for FC Medicaid. Go to section III

**Section III: Foster Care Medicaid Eligibility – e-Rep entry**

**Part A: IV-E Eligible and Reimbursable** Is the child IV-E eligible (meeting both initial eligibility and eligibility placement requirements detailed in sections I and II) **and** IV-E reimbursable?

- ☐ Yes STOP. Child is categorically eligible for Medicaid, FC/F. Go to section IV.
- ☐ No Go to section III, part B.

**Part B: Foster Care Maintenance Payment** Is the child in a placement in which a foster care or independent living maintenance payment is being made for the child? (*SAFE to e-Rep Interface – DCFS, Manual Entry in E-Rep DJJS*)

☐ Yes Go to section III, part C.

☐ No STOP. Child is not eligible for Foster Care Medicaid. Go to section IV.

**Part C: Citizenship** If the child is a qualified alien, has the child been living in the United States for five years or longer, did the child enter the United States prior to August 22, 1996, or is the child in a protected alien classification?

☐ Yes Date of entry in U.S. \_\_\_\_\_ or protected classification \_\_\_\_\_  
Go to section III, part D.

☐ No STOP. Child is not eligible for Foster Care Medicaid until in the United States for five years.  
Date five year waiting period ends \_\_\_\_\_ Go to section IV.

☐ NA Child is a U.S. Citizen. Go to section III, part D.

**Part D: Assets** Are the child's countable assets greater than \$2000 as provided on the income and asset worksheet?

☐ Yes Go to section III part E.

☐ No Go to section III part F.

**Part E: Newborn Medicaid Program age 0-6** Is the child under 6 years of age?

☐ Yes Is the child's countable income less than the limits required for the Newborn Medicaid Program (no asset limit)?

NB Income Limit: \$ \_\_\_\_\_ Child's income: \$ \_\_\_\_\_

☐ Yes STOP. Child is eligible for Newborn Medicaid Program (FC/C). Go to Section IV.

☐ No STOP. Child is not eligible for FC Medicaid. If the child's income drops below the Newborn limit, redetermine FC Medicaid eligibility. Go to section V.

☐ No Child is not eligible for FC Medicaid. If assets drop below the asset limit, redetermine FC Medicaid eligibility. Go to section V.

**Part F: Disabled Medicaid Program** Is the child blind or disabled and receiving SSI?

☐ Yes STOP. Child is eligible for Foster Care Medicaid (FC/D disabled, FC/B blind). Go to section IV.

☐ No Go to section III, part G.

**Part G: Children's Medicaid Program** Is the child's countable income less than the income limits required for the Children's Medicaid Program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

CM Income Limit:\$ \_\_\_\_\_ Child's income: \$ \_\_\_\_\_

☐ Yes Go to section IV.

☐ No Go to section III, part H.

**Part H: Newborn + Medicaid Program age 6-19** Is the child's countable income less than the income limits required for the Newborn Plus Foster Care Medicaid Program and the child is under age 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

NB+ Income Limit:\$ \_\_\_\_\_ Child's income: \$ \_\_\_\_\_

☐ Yes Go to section IV.

☐ No Go to section III, part I.

**Part I: Spenddown Medicaid Program** Do the child's medical expenses exceed the income "spend down" amount for the Children's Medicaid program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (Calculate the spend down amount as provided below.)

☐ Yes Child is FC/C Medicaid eligible when spend down process is completed.  
Go to section IV.

☐ No STOP. Child is not eligible for Foster Care Medicaid. Go to section IV.

**Spend Down Calculation**

Child Countable Income	\$ _____
Minus Program Income Limit	\$- _____
Total Spend Down Amount	\$ _____

**Section IV: Summary of Title IV-E And Medicaid Foster Child Determination– SAFE (DCFS) – CARE (DJJS) and e-Rep entry**

**1. Title IV-E Initial Eligibility Determination**

☐ Yes Child met initial IV-E eligibility requirements.  
Initial eligibility beginning date: \_\_\_\_\_  
(Note DCFS: Open initial IV-E eligibility in SAFE.)

☐ No Child did **not** meet initial IV-E eligibility requirements and **cannot** become IV-E eligible for this custody episode. Reason child is not IV-E eligible: \_\_\_\_\_  
(Note DCFS: Deny initial IV-E eligibility in SAFE.)

**2. Title IV-E Eligibility Placement Requirements– SAFE (DCFS) – CARE (DJJS)**



- ☐ Yes Child met IV-E placement requirements.  
(Note DCFS: Leave initial IV-E eligibility open in SAFE.)
- ☐ No Child did **not** meet IV-E placement requirements. Child can regain IV-E eligibility when all eligibility requirements are met. Reason IV-E eligibility placement requirements were not met:  
  
(Note DCFS: Deny initial IV-E reimbursability in SAFE for reason that "eligibility placement requirements not met." Then terminate initial IV-E eligibility in SAFE at the end of the first month, citing specific reason that placement requirements weren't met as termination reason.)
- ☐ NA Child did not meet initial IV-E eligibility requirements.  
(Note DCFS: No additional IV-E eligibility action required in SAFE.)

**3. Title IV-E Foster Care Reimbursability Determination– SAFE (DCFS) – CARE (DJJS)**

- ☐ Yes Child is IV-E reimbursable. (Child also met initial IV-E eligibility requirements and IV-E eligibility placement requirements.)  
Reimbursable beginning date \_\_\_\_\_  
(Note DCFS: Open initial IV-E reimbursability in SAFE.)
- ☐ No Child is **not** IV-E reimbursable. Reason child is not IV-E reimbursable:  
\_\_\_\_\_  
  
☐ Reimbursability couldn't be determined because child who met initial IV-E eligibility requirements didn't meet eligibility placement requirements  
☐ Child ran away from foster care  
☐ SSI recipient  
☐ Placed in kin home while in the process of being licensed  
(Note DCFS: Deny initial IV-E reimbursability in SAFE.)
- ☐ NA Child did not meet initial IV-E eligibility requirements.  
(Note DCFS: No additional IV-E eligibility action required in SAFE.)

**4. Medicaid Eligibility Determination – e-Rep**

- ☐ Yes Child is eligible for Foster Care Medicaid. Eligibility beginning date \_\_\_\_\_  
Circle program type: FC/F IV-E FC/B Blind FC/D Disabled  
FC/C Children's Medicaid  
FC/C Newborn  
FC/C Newborn Plus  
Other (specify) \_\_\_\_\_
- ☐ No Child is **not** eligible for Medicaid.  
Reason child is not Medicaid eligible: \_\_\_\_\_  
(Refer to DWS for CHIP eligibility determination if citizenship requirements are met.)

(Note DJJS: Enter appropriate eligibility number selection in CARE after a IV-E eligibility and reimbursability decision is made.)

**Notes:**

**Eligibility Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_